

**INDIANA LOBBY REGISTRATION COMMISSION**

251 North Illinois St., Suite 975

Indianapolis, IN 46204-1927

(317) 232-9860

<b>Type of Statement:</b>	File No.
<input type="checkbox"/> Original	Receipt No.
<input type="checkbox"/> Amended	Audit No.

**2002 REGISTRATION STATEMENT - COMPENSATED LOBBYIST**

*Questions? Read Indiana Code 2-7-2 and 2-7-5 or  
call the Commission office at (317) 232-9860*

A registration fee must accompany this registration. The fee is \$100, unless you are registering as an employee of a 501(c)(3) or 501(c)(4) nonprofit organization, then the fee is \$50.

**Section A - Registrant Information**

1. Full legal name of compensated lobbyist:	2. Primary occupation and place of employment:
3. Complete residence address and phone number:	4. Complete business address and business phone number:
5. Preferred mailing address:  [ ] home [ ] business	6. Temporary Marion County living/business address and phone number:
7. Social security number:  Tax identification number: (Corporate Compensated Lobbyist only)	8. Full name, title, and phone number of a contact person <b>only if the registrant is a corporate compensated lobbyist:</b>

**Section B - Employers and Clients of the Registrant**

List the names of each person or each officer or partner of the entity who compensates the lobbyist. **Please call (317) 232-9860 for supplemental pages on which to list additional employers or clients.** If an employer or client is a corporation, association, of business entity, list at least one person who is responsible for the activities of the employer or client (e.g., president, secretary, executive director).

1. Name of employer or client:	2. Name of employer or client:		
Complete business address:	Complete business address:		
Business phone number: ( )	Type of business:	Business phone number: ( )	Type of business:
<b>List the full name and title of at least one person responsible for the activities of the employer or client</b>		<b>List the full name and title of at least one person responsible for the activities of the employer or client</b>	
1.		1.	
2.		2.	
3.		3.	
4.		4.	

5.	5.
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**Section C - Subject(s) of Lobbying**

Please identify the topics you anticipate will be associated with your lobbying efforts. Check all the appropriate boxes and write down additional topics and specific legislation. Registration statements will not be accepted by the Commission for filing unless Section E is completed (See IC 2-7-2-3).

<input type="checkbox"/> Accounting <input type="checkbox"/> Advertising <input type="checkbox"/> Agriculture <input type="checkbox"/> AIDS <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Arts <input type="checkbox"/> Aviation <input type="checkbox"/> Banking <input type="checkbox"/> Budget <input type="checkbox"/> Business <input type="checkbox"/> Casino Gaming <input type="checkbox"/> Children's Issues <input type="checkbox"/> Civil Justice <input type="checkbox"/> Commerce <input type="checkbox"/> Community <input type="checkbox"/> Construction <input type="checkbox"/> Consumer <input type="checkbox"/> County Government <input type="checkbox"/> Courts <input type="checkbox"/> Crime Victim Assistance <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Disabled <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Economic Development <input type="checkbox"/> Education <input type="checkbox"/> Elderly <input type="checkbox"/> Energy <input type="checkbox"/> Engineering <input type="checkbox"/> Environment <input type="checkbox"/> Finance <input type="checkbox"/> Fire Fighters <input type="checkbox"/> Gaming <input type="checkbox"/> Health Care <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Homeless <input type="checkbox"/> Hospitals <input type="checkbox"/> Housing <input type="checkbox"/> Human Services <input type="checkbox"/> Industry <input type="checkbox"/> Infrastructure <input type="checkbox"/> Insurance <input type="checkbox"/> Judiciary <input type="checkbox"/> Labor <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Legislative Ethics <input type="checkbox"/> Licensure	<input type="checkbox"/> Local Government <input type="checkbox"/> Managed Care <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Medical Records <input type="checkbox"/> Mental Health <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Municipalities <input type="checkbox"/> Natural Resources <input type="checkbox"/> Nursing Homes <input type="checkbox"/> Pari-Mutuel <input type="checkbox"/> Pension Funds <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Prevention of Child Abuse <input type="checkbox"/> Property Tax <input type="checkbox"/> Public Safety <input type="checkbox"/> Railroad <input type="checkbox"/> Real Estate <input type="checkbox"/> Regulation <input type="checkbox"/> Reproductive Rights <input type="checkbox"/> Retail <input type="checkbox"/> Riverboat Gambling <input type="checkbox"/> Safety	<input type="checkbox"/> Salaries <input type="checkbox"/> State Government <input type="checkbox"/> Taxation <input type="checkbox"/> Teachers <input type="checkbox"/> Telecommunications <input type="checkbox"/> Tobacco <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Wagering <input type="checkbox"/> Waste Management <input type="checkbox"/> Welfare <input type="checkbox"/> Women's Issues <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other _____ _____ _____ <b>Specific Legislation:</b> _____ _____ _____
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**Section D - To be Completed by an Individual Registrant Only**

IC 2-7-5-6 identifies those persons forbidden to register as lobbyists. Please answer the following questions and attach an explanation for each question answered yes. **These questions must be answered by the Compensated Registrant.**

**NO**

**YES**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Have you been convicted of a felony for violating any law while an officer or employee of any agency of state government or unit of local government?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of a felony relating to lobbying?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been convicted of a felony and are currently in prison or on probation or have been in prison or on probation within the immediate past year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any statements or reports relating to lobbying that were required to be filed under IC 2-7, which were found to be materially incorrect, and corrected statements or reports have not been filed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you failed to pay a civil penalty assessed under IC 2-7-5-6?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you on the most recent tax warrant list of the Indiana Department of State Revenue?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Section E - To be Completed by a Corporate Compensated Registrant Only**

**List all employees** of the registrant who will provide lobbying services to the clients identified in Section B. (Attach an additional page as needed).

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**Section F - Sworn Statement**

**Attention:** This registration statement must bear the **original signature** of the compensated lobbyist identified in Section A, line 1. If the registrant is a corporate compensated lobbyist, this statement must show the original signature of a person authorized to sign on behalf of the registrant. A statement with a stamped or faxed signature, or a signature by a third party **will be returned as an invalid registration.**

**I affirm, under the penalties for perjury, that the answers and statements provided on this registration statement were made by me, and that these answers and statements are true and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature of Registrant or Officer of Corporate Registrant**

\_\_\_\_\_  
**Title of Officer of Corporate Registrant**

\_\_\_\_\_  
**Printed or Typed Name**

\_\_\_\_\_, \_\_\_\_  
**Date**